



**Qazvin University of Medical Sciences**

**Faculty of Health**

**A Thesis**

**Presented for the degree Of Master of sciences**

**(M. Sc.) in Health Services Management**

**Title**

**A Survey on Frequency and Causes of Defensive Medicine among Family  
Physicians of Tabriz University of Medical Sciences**

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## **Abstract:**

**Background and Aim:** Defense medicine is a potential social problem that can have got consequences for public health in terms of quality of personal care and waste of health resources. The purpose of this study was to determine the occurrence and causes of defensive behaviors among family physicians that working in Tabriz University of Medical Sciences

**Materials and Methods:** In this descriptive-analytical study, 265 physicians (who works in Tabriz University of Medical Sciences) participated. A five-part researcher-made questionnaire was used for data collection. The validity and reliability of the questionnaires were confirmed by Formal validity and Cronbach's alpha. Data were analyzed using SPSS25 software. Frequency distribution, percentage and mean were used for descriptive analysis of data and for data analytical analysis, t-test • ANOVA test • Chi-square test• Friedman test was used.

**Results:** According to the results, more than 98% of physicians were not familiar with the concept of defensive medicine. Despite the high rate of positive defensive behaviors among physicians, the rate of negative defensive behaviors among physicians was relatively low. There was a significant relationship between patient referral to Level 2 and physicians' service history and physician's distance from center province. 62.3% of physicians expressed very positive and 36.3% moderate to positive defensive medical behaviors. Other positive defensive behaviors include; inappropriate referral of patients to higher levels, requesting additional counseling and testing, overdose, and major negative defensive behaviors in avoiding high-risk patient acceptance and Avoidance of risky procedures was prescribed for patients. The major causes of defensive behaviors for participating physicians, including the performance of other colleagues, were the inappropriate treatment provided by the referring physician, the tendency of patients to be treated by specialist physicians, and the patient's request.

**Conclusion:** The high rate of positive self-care behaviors among family physicians, due to unnecessary services, leads to waste of health system resources. Therefore, to reduce defensive behaviors, serious attention of health policy makers to improve information provision, client referral With the various dimensions of the Family Physician Program, attracting inter-departmental and cross-sectoral collaborations and public participation, performance-based payment systems, updating GP Family Guidelines, modifying and enhancing the coordination of first and second level network systems, encouraging specialist physicians to enter the system. Referral, modifying the structure of the Sela file The electronics required.

**Keywords:** defensive medicine; positive defensive medicine; negative defensive medicine; unnecessary services